

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212547282						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CAPITAL YOUTH EMPOWERMENTPROGRAM, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ERICK T KING 7809 DESIREE ST ALEXANDRIA, VA 22315</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F1777111</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1315 DUKE ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22304</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
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NAME: Marlon Murphy TITLE: PRESIDENT ADDRESS: 11408 Rockbridge Rd. CITY/ST/ZIP/CO: Silver Spring, MD 20902								

NAME:	Walter Barnes	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5035 Strawbridge Terrace		
CITY/ST/ZIP/CO:	Perry Hall, MD 21128		
NAME:	Leonard Bean	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5975 Chipwood Court		
CITY/ST/ZIP/CO:	Elkridge, MD 21075		
NAME:	Darryl Britt	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13941 Clarksville Pike		
CITY/ST/ZIP/CO:	Highland, MD 20777		
NAME:	Sterling Rideout	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14912 Trailwood Pl.		
CITY/ST/ZIP/CO:	Burtonsville, MD 20866		
NAME:	Earl Stafford, Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5440 Marlstone Ln		
CITY/ST/ZIP/CO:	Fairfax, VA 22030		
NAME:	Gilbert Dussek	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9013D Sandalwood Dr.		
CITY/ST/ZIP/CO:	Manassas, VA 20110		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ISAAC KING	ISAAC KING, DIRECTOR	12/7/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			